UNITED
NATIONS

A S

General Assembly
Security Council

Distr.
GENERAL

A/48/408
S/26461
17 September 1993
ENGLISH
ORIGINAL: ENGLISH AND
FRENCH

GENERAL ASSEMBLY
Forty-eighth session
Item 44 of the provisional agenda*
STRENGTHENING OF THE COORDINATION OF
HUMANITARIAN EMERGENCY ASSISTANCE
OF THE UNITED NATIONS

SECURITY COUNCIL
Forty-eighth year

Letter dated 16 September 1993 from the Chargé d'affaires a.i.
of the Permanent Mission of Yugoslavia to the United Nations
addressed to the Secretary-General

I have the honour to transmit herewith information on the effects of the United Nations sanctions on the health situation of the population of the Federal Republic of Yugoslavia (see annex).

I should be grateful if you would have the present letter and its annex circulated as an official document of the General Assembly, under item 44 of the provisional agenda, and of the Security Council.

(Signed) Dragomir DJOKIĆ
Ambassador
Chargé d'affaires a.i.

* A/48/150 and Corr.1.

ANNEX

Information on the effects of the United Nations sanctions on the health situation of the population of the Federal Republic of Yugoslavia

I INTRODUCTION

The humanity of a society and international organizations is reflected precisely in their attitude towards children, the sick and the elderly. The United Nations sanctions (SC resolutions 757 and 820) threaten the fundamental human rights of not only the population and refugees, but also foetuses and new-born infants, which can be characterized as genocide, directly or by its subsequent effects. UNICEF described the 20th century as a century of disgrace, since an undeclared war is being waged against children unprecedented in history.

Out of 10,391,659 population of the FR of Yugoslavia (according to the 1991 census), 40.4 per cent are children and the youth below the age of 24. Out of 660,000 refugees in the FR of Yugoslavia in April 1993, 290,000 are minors, while over 300,000 are persons above the age of 18 and women. In 1992, around 10,000 infants were born in exile.

Children morbidity and mortality as a result of contagious diseases have increased, as well as the cases of poliomyelitis and complications resulting from rheumatic fever, cancer, leukaemia, etc.

At stake are not only the wounded, refugees and thousands of unfortunate families and people but the suffering of a people and, sooner or later, the World Health Organization (WHO) will have to recognize that it has violated its own basic principles and committed violence against our population. The FR of Yugoslavia has provided equal health protection to all the refugees as to its own population. About 95 per cent of refugees have been accommodated in private homes which is also without precedent.

EFFECTS

I PRIMARY HEALTH CARE

In 1991 and 1992, health care in the general practice and specialists' services have been reduced by 10 per cent. In 1992, the mortality rate as a result of contagious diseases increased by 37.5 per cent as compared to the previous period and the number of epidemics increased 2.5 times as compared to 1991.

The number of children covered by compulsory immunisation, according to WHO programme, has declined as compared to 1988: DPT from 91.29 per cent to 84.2 per cent; anti-poliomyelitis from 93.38 per cent to 84.45 per cent; and measles from 91.79 per cent to 80.64 per cent.

The cases of anaemia rose by 1.53 per cent, cerebral vascular diseases by 0.41 per cent and heart diseases by 1.06 per cent in the overall morbidity rate.

The sanctions imposed by the UN Security Council have seriously threatened the standard of living and degraded the diet of the population. According to the estimates, the calory intake has been reduced by 28.2 per cent and the diet of the population is 20 per cent below the physiological minimum. According to haemoglobin tests, every second school child in Belgrade is anaemic.

Infant mortality rate in Belgrade has increased from 14 per cent in 1991 to 16 per cent in 1992. In the health care of adults and working people, for the first time anaemia is among ten most frequent diseases.

The general mortality rate in Belgrade was maintained in the period from 1978 to 1990 at 790 per 100,000 people. Since then, this rate has increased considerably so that, in 1992, it amounted to 977 per 100,000 people.

II IN-PATIENT HEALTH CARE

The United Nations sanctions caused enormous problems, difficulties and even ethic dilemmas in hospitals.

The general conditions in hospital are at the lowest level ever: the shortage of disinfectants threatens to provoke infections in hospitals; there is a shortage of food for patients; and medical equipment is ever more frequently out of use due to the lack of spare parts. Treatment has become very difficult: many categories of medicaments are lacking as well as anaesthetics, anti-shock medicaments used only in emergencies. There is a shortage of cyclosporin for the patients which have undergone transplant operations as a result of which transplants are rejected; in the psychiatric clinics, patients are being tied to beds because of the lack of tranquillizers; elderly patients are deprived of haemotherapy because of the lack of cytostatics; and pace-makers are taken from the diseased patients since they have been lacking for several months. Patients in need of dialysis receive

only two instead of the necessary three treatments per week. There is a shortage of diagnostics, haemorrhage-detecting reagents, necessary surgical supplies, blood derivatives, particularly agents for the production and packing of blood and its derivatives, some groups of vaccines, anti-tetanus and anti-viperine serums. Particular problems are caused by the shortage of medication for diabetics, both of insulin and anti-diabetic pills, and medication for heart diseases and mental illnesses. Furthermore, 80 per cent of the anaesthesia equipment and anaesthetics is import-dependent.

The conditions for in-patient treatment in psychiatric hospitals have deteriorated. Due to the shortage of medicine, these patients are aggressive, inclined to fight, assault medical staff and destroy hospital inventory; they also escape from hospital,which often causes their death. In the psychiatric hospital in Kovin, 250 patients died in 1992,which exceeds by 200 per cent their number in 1991. Seventy new cases of tuberculosis have also been registered.

In 1992, the number of patients suffering from acute nephritic diseases has doubled. In the Republic of Serbia, 3,000 chronic patients are under haemo-dialysis (205 patients are refugees) and 350 patients have transplanted kidneys (including 50 refugees). There is a shortage of agents necessary for dialysis solutions as well as spare parts for haemo-dialysis equipment, which makes the prospects of their survival uncertain.

Due to the lack of immuno-suppressive medicaments (cyclosporins), the number of kidney transplantations has declined from the annual average from 40-50 in the 1987-1992 period to 19 in 1992, while 350 patients with transplanted kidneys are under a high risk.

The lack of diagnostic agents for hepatitis B and C viruses has endangered the health of the patients undergoing dialysis and has increased the number of hepatitis diseases and mortality caused by them.

Before the imposition of sanctions, the number of in-patients suffering from cholelithiasis was 122, of which 68 (72 per cent) underwent surgery. After the imposition of sanctions, their number was 98 over a period of one year, of which 55 (55 per cent) underwent surgery.

The extremely narrowed range of available antibiotics has caused serious consequences manifested in local and general post-operative infections the number of which is increasing, including other complications. The instances of post-blood-transfusion B hepatitis have increased because of the lack of diagnostic agents.

According to the data of the Hospital of the Internal Medicine of the Medical Faculty in Pristina, the cases of rheumatic fever have increased from 27 in 1978 to 66 in 1992, while in the same period the cases of glomerulonephritis have increased from 100 to 161. This has been caused by the insufficiency of penicillin as a prophylactic agent.

The number of stress-related diseases - gastric and colon ulcer and bleeding - has increased; patients in the critical condition arrive in hospitals too late because of the shortage of fuel (42 per cent).

The Commission for Psychiatry and Mental Health of the Republic of Serbia estimated that, in 1992, there were 500 patients with serious reactive disturbances which should have been hospitalized in view of the difficult conditions we live in, while 500 patients suffering from serious mental diseases had to be hospitalized because their health condition worsened because of stress. Psychopathology and delinquency are in increase.

Up to 1992, suicides, in general and by certain age groups, had a downward trend. Since the outbreak of conflicts in the territory of the former SFR of Yugoslavia, the suicidal rate in all age groups has increased, particularly in case of the elderly (there is an average of one suicide every other day in Belgrade).

The mortality rate increased considerably from 3,599 in 1991 to 4,487 in 1992. The number of murders also increased considerably in 1992 as compared to 1991 (140:98), particulary by fire arms (100:47).

The data of the Pathology Institute in Belgrade indicate that, since the imposition of sanctions, infections (pneumonia and sepsis) have caused an increasing number of deaths (by app. 50 per cent), which shows that, in a relatively short period of time, the sanctions have caused death of patients and had a bearing on the quality of diagnosis.

+ + +

The FR of Yugoslavia had an adequate network of health institutions, medical experts, capacities and modern equipment for providing appropriate health care to all categories of the population, in accordance with the relevant pathology and standards of the social and health care. The entire system of social and health care was socialized, while health care was almost free for the whole population.

The FR of Yugoslavia could provide modern diagnosis, treatment and rehabilitation and carry out, with success, national and international programmes for the promotion of health and quality of life, particularly by implementing the social and health care programme "Health for All by the Year 2000".

Secession and civil war in the territory of the former SFR of Yugoslavia have resulted, already in 1991, in a certain deterioration of the economic situation in the FR of Yugoslavia which was also considerably reflected in the field of health care and health situation in general. Health institutions lacked about 60 per cent of medicaments and medical equipment supplied by the former republics of the SFR of Yugoslavia.

In 1992, health care drastically deteriorated as a result of the imposition of the UN sanctions and embargo against the FR of Yugoslavia. This illegitimate, inconceivable and genocidal act was also applied to health care, although this is not provided by the UN resolutions. The FR of Yugoslavia, like other countries, was dependent on the international exchange of goods and services, including the means necessary for health care. (Out of the total necessary medical supplies almost 95 per cent was imported as well as over 85 per cent of agents and intermediaries and 90 per cent of medical equipment.) Suddenly, Yugoslavia was left without medication it had imported, as well as raw materials for its own drug production, equipment, spare parts, equipment and spare parts for health institutions, some vaccines, diagnostic agents, reagents and other indispensable medical supplies for daily or special purposes.

Although UN SC resolutions 757 and 820 do not ban imports of medical supplies, the FR of Yugoslavia is faced with numerous problems in providing its medical supplies. Humanitarian aid deliveries, apart from being insufficient, have also been impeded and abused, while the procedure for obtaining approval for the import and transport of medical supplies to the FR of Yugoslavia is so complicated that medicaments cannot be used because date of their safe use has expired, etc.